

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR
J. Gregory Merrion & Robert L. Bayless

3. ADDRESS OF OPERATOR
P.O. Box 1541, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790 FNL and 1100 FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☒

FRACTURE TREAT ☐ ☒

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON* ☐ ☐

(other) ☐ ☐

5. LEASE
NM 33047

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
H1 Roll

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
WAW Fruitland Plc. Cliff

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 35, T26N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

14. API NO.
30-045-23032

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6058 ft. G.R.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

April 3, 1979: Rigged up Western Co. and Nowsco. Fraced well with 66 bbls. water, 1% KCL, and 2335 lbs. 10/20 sand with 38,800 cu. nitrogen. ISDP 1250 PSIG. Shut in three hours. Open flow back.

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED Theresa A. Slum TITLE Engineer DATE April 4, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

TYMOX

